SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUN 062013

Refund:	Amour	Date:	Permit #:	
	Amount Paid:		#	
	\$335	7.19	13-0	
	6663	j	TO ASSE	

I (we) declare that this application	O CANAL CANAL		Rec'd for Issuance		☐ Municipal Use			Commercial ose				N Kesidelinai osc	≺ Boridontial IIso			Proposed Use		Proposed Construction: A) a l Kout	WWijerion and lateral lateral partners of the control of the contr	Property	☐ Run a			□ New C]	Value at Time of Completion * include donated time &	□ Non-Shoreland		☐ Is Prop Creek or X Shoreland →	Section 36 , Township	SE 1/4, SE 1/4	PROJECT LOCATION Legal Description:	Authorized Agent: (Person Signing A		Address of Property:	Bount of Landen	TYPE OF PERMIT REQUESTED P	necks are made payable to: Bayrield to NOT START CONSTRUCTION UNTIL A
FAILURE TO OBTAIN A PERMIT O'S STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALT (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, con (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to the best of my (our) knowledge and belief it is true, con (we) are found to	X Other: (explain) New bagement (walk-out)	Special Use: (explain)		Accessory Building A	Accessory Building (specify)	1	Mobile Home (manufactured o	Runkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabin, nutriting strack, etc.)	truc	/ Proposed Structure		Basement Length: 36 Width: 2	length: 36 Width: 2		□ No Basement □ No.	isting bldg) X Basement	2-Story 🗆 💢	7 1-Story + Loft X	☑ 1-Story ☐ Seasonal ☐ 1 ☐	Project # of Stories Use of Sew hard are you applying for) and/or basement bedrooms the sew hard sew h		₩		ship 44 N, Range 8 W Town of: Drummond	Gov't Lot Lot(s) CSM Vol & Page Lot(s) No.	(Use Tax Statement) 04-018-2-44-08-36/64-000-0	(Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include Lity/ State/ 414):	Contractor Phone:	Rd Drummond	City/State/Zip:	Mailing Address: 1 Creek P City/State/Zip:	ERMITS HAVE BEEN ISSUED TO APPLICANT.
PENALTIES s true, correct and sether to issue a pe	(36			-				ies) (<u> </u>			Din	7	*		oilet	Portable (w/service contract)	ists) Specify		1	What Type of Sewer/Sanitary System Is on the property?		leet	<u> </u>	31,180 6	lot Size	Volume 284	ne/21p);	17(2)		いた。	.	USE B
TIES orrect and complete. I (we) acknowledge that listue a permit. I (we) further accept liability accept liability.	X 24) 860	X	× ,	^	×	×	×	×	×		×	×	×	×	×)	X)	Squa Corta	Height:	Height: /3			act)	Specify Type:	+-		of System W erty?		-	Floodplain Zone? Presen	 5.71+	Acreage	e 284 Page(s) 466	Attached	Written Authorization	763-Sile-	Cell Phone:	e e e	☐ B.O.A. ☐ OTHER

Owner(s): (If there are Multip

ted on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

i

Date

0

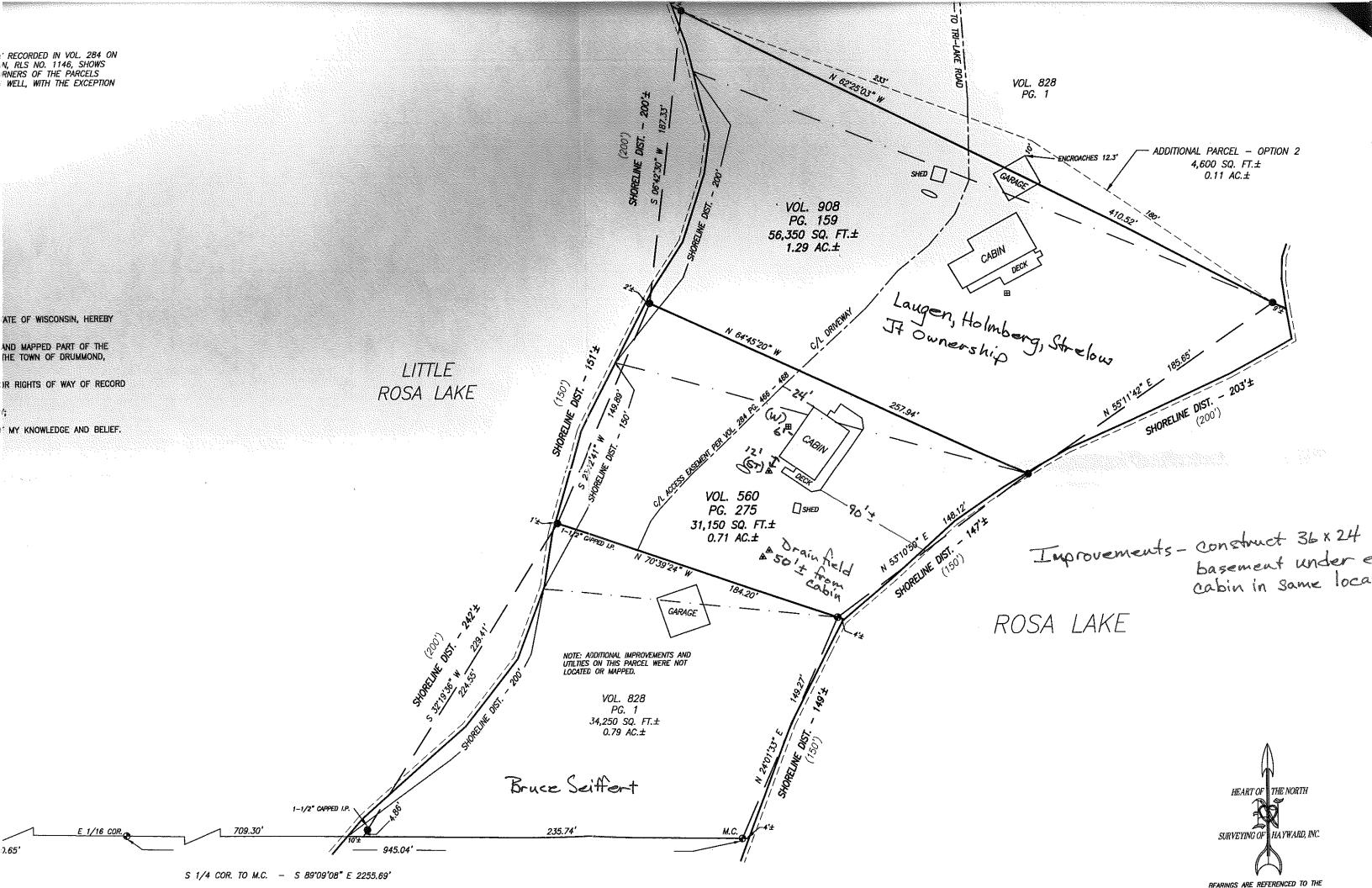
signing on behalf of the owner(s) a letter of authorization must accompany this application)

TX BOX

3

Authorized Agent:

Address to send permit



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIERD COUNTY; WISDONSIN
Date Stand (Received)

JUL 1 1 2013

Bayfield Co. Zoning Dept. JUL 1 1 2013

5	7-150	Amount Paid:
75	7-16	Date:
8610	S S	Permit #:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION LINTH ALL DEPARTS CONSTRUCTION LINTH ALL DEPARTS CONSTRUCTION LINTH

TYPE OF PERMIT REQUESTED—▶	X LAND	USE	SANITAR		IVI		DIVAL	! L	CIAL US		•	
hode	Š		243	S COM	stock	£	W W	25 517 v	1001	-Z.) i ceepis	one:
	Mink,			State/Zip:							66 5 10 COLUMN	Cell Phone: 6/2-878-9628
		•	Contr	actor Pho		Plumber:	\$ * \$ #	1	p		Plumbe	Plumber Phone:
ing Applica	tion on behalf	of Owner(s))	Agen	t Phone:		Agent Mail	ing Addre	ss (include City)	/State/Zi	0):	Written A Attached	Written Authorization Attached
Descripti		x Statement		23 digits)	ŭ	4.22	04	900° × 3000	Recor		ment: (i.e. Pro	Property Ownership) Page(s) 379
1/4	Gov't			S O S			ة. (ق) م	Block(s) No.	Subdi	vision:		
Township	7	l, Range	7 ₩		Orum	\$ 0 2 0	>=	diamakin dia aka mata kanta kant	Lot Si		>	% o S
roperty/ or Land	Land within ward side o	300 feet of Floodplain	River, Stre	am (ind.)	ntermittent)	Distanc	e Structu	is from	reline :	L	Property in odplain Zone?	Are Wetlands Present?
roperty/i	and within	1000 feet o	of Lake, Por	nd or Flow rescont	vage inue — →	Distanc	Structu	is from	reline :	<u></u>	□ Yes	□ Yes
Projeα ire you apt	dlying for)	# of St and/or b	tories asement		Jse	# of bedro	oms	Sev	What ver/Sar on the	Type o litary Sy proper	f /stem ty?	Water
v Constr	uction teration	- I - I:	+	- 1 1	sonal r Round	3 1		- 1 1	- 1 1	pecify Ty	pe: Skepas	☐ City
version				1					xists)	pecify T	ype:	ĹĻ.
cate (exi	sting bldg)	Basen No Ba No Ba No Ba No Ba	nent sement				ne	Privy (Pit) Portable (v	or		l (min 200 gal :t)	llon)
Property		☐ Found	lation					Compost T None	oilet			
mit beins	applied for	r is relevant	to it)	Lengt			5	Vidth:			Height:	
				Length	38	(e)	8	37	4/4		Height:	38,
•				Propose	d Structu	Ire				Dime	nsions	Square Footage
	Principal S Residence	Structure ((i.e. cabin	(first struc), hunting	ture on shack, e	per	ome				اعم	1	1639
		with Lof with a P	orch	S	S S	Jarel				العا		751
		with a D) Porch						_ _		Į	92
		with (2 ⁿ	d) Deck				W. C.			2		302
		with Att	ached Ga	rage			١.					
	Bunkhous	e w/ (□ sai	nitary, <u>or</u> [sleepin	g quarters		20	prep	es)			
	Addition/	Alteration	(specify)	1te)				1				
	Accessory	Building	(specify)						<u>'</u>			
	Accessory	Building /	Addition//	Alteratio				A PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION OF THE PARTICIPATIO	<u> </u>			And the state of t
	Special Us	e: (explain)							<u> </u>		×	
	Condition Other: (ex	al Use: (expolain)	plain)									
_										***************************************		
	Owner's Name: Paul + Tam; Rhade Address of Property: 14550 Na Address of Property: 14550 Na Dryw, was a f. L.; Contractor: Jenkin; Canshruta Authorized Agent: (Person Signing Applica LOCATION) Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Section 3P, Township Shoreland Shoreland Non-Shoreland Non-Shorela	Conversion Addition/Alteration Conversion Conversion Addition/Alteration Addition/Alteration Conversion Conversion Addition/Alteration Conversion Conversion Addition/Alteration Conversion Conversion Conversion Addition/Alteration Conversion Conversion Conversion Addition/Alteration Conversion Con	Cass Prodes	Accessory Building Addition/Alteration (sp. Anditional Use: (explain) Corditional Use: (explain) Conditional Use: (explain) Conditional Use: (explain) Corditional Use: (explain)	A CKINN-CY Rd City/S SY832 Control SY832 Control SY832 Control Sy832 Control Sy832 Control Sy832 Control Control Agent Agent	PRIVATE DANIII LARY PRIVATE	CKINN-CY Rd DANILLARY DA	Mailing Address: A 435 Com stock Ckin Mey Rd City/State/Zip: Sy833 Contractor Phone: ation on behalf of Owner(s) Stock Contractor Phone: 7 Sy793807 Agent Phone: 7 Sy5-7793807 Agent Phone: 7 Sy5-7793807 Agent Phone: 7 Sy5-77938067 Agent Phone: 8 Agent Phone: 9 Sy5-77938067 Agent Phone	P. LEWILLIARY D. PRINTY CONTULTIONAL Conf. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C. C.	Particulous Continue Contin	Secretarion Secretarion	CKPINCY Red CMPStand/Res CMPStand/Res SSY447

Address to send permit

Authorized Agent:

behalf of the owner(s) a letter of authorization

All Owners must sign or letter(s) of authorization must accompany this application)

12/

KINS

₹0 •

BOX 274

Column If you recently purchased the property send your Recorded Deed

must accompany this application)

Date

Date

Owner(s):
(If there are Multiple Owners listed on

